

**WEB ACCESS REQUEST**

To be completed by employer and member

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable AcraVest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

The employer hereby selects and authorise AcraVest to grant access to:

Employer       Broker

We hereby nominate the following person/s to have full web access to all member and fund information:

**EMPLOYER ACCESS 1**

Full names

Surname

ID or Passport number (if foreign national)

Designation

E-mail address

**EMPLOYER ACCESS 2**

Full names

Surname

ID or Passport number (if foreign national)

Designation

E-mail address

**BROKER ACCESS**

Full names

Surname

ID or Passport number (if foreign national)

E-mail address

**AUTHORISATION**

Signed at  on this  day of  20

Full names

Surname

ID or Passport number (if foreign national)

Designation  Date

Authorised Signature

Company Stamp